

## The Weston A. Price Foundation

# Vaccines and Autism: A Very Real Connection

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FEBRUARY 4, 2019 BY KENDALL NELSON ([HTTPS://WWW.WESTONAPRICE.ORG/AUTHOR/KNELSON/](https://www.westonaprice.org/author/knelson/))

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I began my journey into the vaccine-awareness community twelve years ago. Unlike so many of my colleagues in this fight, I am a filmmaker turned activist, not the mother of a vaccine-injured child. As such, I write this article with one caveat. Because I do not have a child with autism or any other vaccine injuries that I know of, it will not be possible for me to describe what life is like day in and day out for those who do. Instead, I can share with you only what I learned by featuring an autistic child in our film *The Greater Good*—a documentary that explored the vaccine controversy—and what I have learned about vaccines after having done thousands of hours of research on the subject. I have been fortunate to work side by side with many doctors, scientists and parents who share the same goal I do—to expose the truth about the vaccine program and to end what many are now calling the Vaccine Holocaust.

### AUTISM THEN AND NOW

Parents who follow the current Centers for Disease Control and Prevention's (CDC's) recommended schedule give their children seventy doses of sixteen vaccines by age eighteen (An estimated 90% of parents comply fully). Fifty-one doses (fourteen vaccines) are given by the age of six, with the first vaccine administered just hours after birth.<sup>1</sup> When I was a child, sixteen doses of four vaccines were recommended. I just turned fifty, and to the best of my knowledge, I grew up never having encountered anyone with autism. Today, the autism rate in American is an astounding one in thirty-six children between the ages of three and seventeen.<sup>2</sup> When I graduated from high school, the rate was four to five per ten thousand.<sup>3</sup>

the past people with autism went uncoun­ted because they were hidden away in mental institutions.<sup>5</sup> Finally, they note the expansion of the definition of autism to include Asperger’s syndrome<sup>6</sup>—encompassing individuals with higher-than-average intellectual ability coupled with impaired social skills and restrictive, repetitive patterns of interest and activities.

To be fair, these explanations may account for a small fraction of the increase. They do not, however, explain a 30,000 percent increase since the early 1980s—during which time we have nearly quadrupled the number of vaccines given to children. It is preposterous to assume that doctors were too inept to recognize autism fifty years ago or that all parents institutionalized their autistic children. If the latter were the case, there would be millions of adults with autism, and there are not. Finally, adding Asperger’s syndrome to the list of autism spectrum disorders (ASDs) did not happen until 1994, and experts estimate that this accounts for less than 10 percent of all diagnoses.<sup>7</sup>

## **A NEUROLOGICAL DISORDER**

Autism is typically defined as “a mental condition, present from early childhood, characterized by difficulty in communicating and forming relationships with other people and in using language and abstract concepts.” A more accurate definition would describe autism as a neurological and developmental disorder that is the result of brain damage.

Many of the children being diagnosed with autism are severely impaired. According to the California Department of Education, more than 50 percent of children with an autism diagnosis are nonverbal, and up to 80 percent are intellectually challenged.<sup>8</sup> Additionally, studies show that 28 to 50 percent of children with autism exhibit self-injurious behavior.<sup>9</sup> Many of these same children do not make eye contact, and they do not hug their parents. They walk on their toes and flap their hands. They rock back and forth, repeating movements and words (those who can speak) over and over. Many autistic children find minor changes in their environment or routine upsetting and have a high level of sensory awareness, to the point of being painfully sensitive to sounds, smells, tastes, textures, lights and colors.

## NOT GENETIC AND NOT NORMAL

Hundreds of millions of dollars have been spent on autism-related genetics research, and yet not one study has identified an “autism gene.” Asserting that autism is a genetic condition is nonsense, as there is no such thing as a “genetic epidemic.” According to geneticist Dr. James Lyons-Weiler, “Studies of genetics have revealed 850 genes associated with autism, but no single gene explains more than 1 percent of ASD.”<sup>15</sup> Autism has not been with us for millennia and passed from parent to child.

Those facts have not stopped journalists like Steve Silberman, author of the 2015 *New York Times* best-selling book *NeuroTribes: The Legacy of Autism and the Future of Neurodiversity*, from steadfastly describing the autism-is-genetic theory as fact.<sup>16</sup> According to Silberman, environmental factors like vaccines do not cause autism, and autism “is not a unique product of modern civilization.” Rather, says Silberman, autism is “something that has been passed down through millions of years of evolution.” Taking Silberman at face value, he’s implying that evolution favors genes that make people dependent for life—including wearing diapers, being unable to communicate, suffering with physical issues and learning disabilities and so forth. This theory is not scientifically based or viable.

The “neurodiversity” tribe is not only famous for portraying autism as genetic but also for romanticizing autism. The concept of neurodiversity embraces, celebrates and respects differences between and among people with autism and other functional but atypical variations in thinking and behavior.<sup>17</sup> In support of this way of thinking, Silberman writes that autism is a “naturally occurring form of cognitive difference akin to certain forms of genius.”<sup>16</sup>

However, autism is not a “gift” or a “blessing.” It is not something to be “celebrated” with blue lights or the ringing of the bell at the New York Stock Exchange, nor even by giving it its own special month. Autism is not “normal,” and those who choose to normalize the debilitating condition are perpetuating rather than helping to end this new epidemic of childhood. Instead of screaming from the rooftop that we have a national disaster on our hands, entities

job, let alone a career. Most will not be able to contribute to society in any meaningful way or even contribute to their own communities. Getting married and having children is off the table for most. Many people with autism will need constant care for their entire lives, which is currently “underestimated” to cost 2.4 million dollars over a lifetime.<sup>18</sup>

Beyond the stress of individually caring for an autistic child or young adult comes a tremendous burden to society. According to Dr. Stephanie Seneff, a senior research scientist at MIT, half of all children will be autistic by the year 2025 if current trends continue.<sup>19</sup> Who will care for these children, especially once they leave school? What will happen to health care? Another pressing concern is the fact that special education needs are already financially crippling our schools, in addition to having a substantial impact on the quality of education. (See my article on “The twenty-first century classroom” for more information on this topic.<sup>20</sup>)

## **AUTISM AND VACCINE COURT**

Denying the increase in autism hurts our children—and so does denying the most probable cause. Tens of thousands of parents report that their previously healthy children regressed into autism after vaccination, yet our government, the medical community, pharmaceutical companies and the mainstream media continue to do everything in their power to conceal the truth that vaccines can cause autism. It does not appear that their efforts are working. In 2014, a Harris poll found that one in three parents linked vaccines and autism. In fact, our government knows it, too. The U.S. Supreme Court has ruled that vaccines are “unavoidably unsafe,”<sup>21</sup> and the U.S. government has paid out approximately four billion dollars for vaccine injury claims, including millions of dollars to vaccine-injured autistic children.<sup>22</sup>

It's important to know that parents cannot sue vaccine manufacturers for their children's vaccine-related injuries. Instead, they must petition a specially created administrative mechanism of the U.S. government. This became the case when the National Childhood Vaccine Injury Act of 1986 established the Vaccine Adverse Events Reporting System (VAERS) and the National Vaccine Injury Compensation Program (VICP). The VICP is a federal “no-fault” system designed to compensate individuals or families of individuals who have been injured

conjugate vaccine (PCV); and the vaccines for hepatitis B, *Haemophilus influenzae* type b (Hib), varicella (chickenpox), and rotavirus. Compensation is made possible by a seventy-five-cent excise tax levied on every dose of vaccine administered in the U.S., essentially making VICP a taxpayer-funded program.

As required by the VICP, all vaccine-injury cases must petition what has come to be known as the “vaccine court.” Though originally established under the guise of ensuring vaccine safety and providing rapid and easy compensation to the families of those injured and killed by vaccines, the “vaccine court” has become nothing more than a device for protecting the vaccine program and those who profit from it. There is no jury, there is no discovery, and due process is nonexistent. Instead, a “special master” decides whether financial compensation will be awarded, and awards to the estate in a vaccine-related death are capped at two hundred and fifty thousand dollars. Civil litigation is not an option.

For a variety of reasons—including the fact that doctors are not trained to recognize vaccine reactions—it is estimated that less than 1 percent of all vaccine injuries are ever reported.<sup>24</sup> Among those reported, only a fraction of cases make it to vaccine court, and the VICP then turns away three out of four claimants. The court also does everything in its power to deny claims of vaccine-induced autism, despite having awarded damages to a known eighty-three families whose children experienced regressive autism after vaccination.<sup>25</sup> Sadly, everyone on the inside knows that if you want to win in vaccine court, you had better call your child’s injury something like “brain inflammation” (encephalitis). Call it autism, and you will lose.

From the vaccine manufacturers’ standpoint, the removal of liability for vaccine injury provided by the 1986 Act and VICP were a dream come true. After the manufacturers became indemnified, the number of vaccines recommended for children skyrocketed. As a result, market researchers project that the global vaccine market will be worth seventy-seven billion dollars by 2024.<sup>26</sup>

## THE SCIENCE

ever been studied in regard to autism. Investigative journalist David Kirby wrote about this in his book *Evidence of Harm*:

To begin with, it is unscientific and perilously misleading for anyone to assert that 'vaccines and autism' have been studied and that no link has been found. That's because the sixteen or so studies constantly cited by critics of the hypothesis have examined just one vaccine and one vaccine ingredient.... It is illogical to exonerate all vaccines, all vaccine ingredients, and the total U.S. vaccine program as a whole, based solely on a handful of epidemiological studies of just one vaccine and one vaccine ingredient.<sup>27</sup>

Our government recommends vaccines, and states mandate them despite the fact that the U.S. Food and Drug Administration (FDA) does not require rigorous vaccine testing. This is evidenced by the fact that the FDA allows vaccine manufacturers to use another vaccine or a vaccine ingredient such as aluminum in lieu of a legitimate placebo control that is inert. Nor are vaccine manufacturers required to track adverse reactions for long periods of time or study what happens when a vaccine is given in conjunction with another vaccine. Shouldn't manufacturers and regulators be concerned about potential synergistic effects?

Sadly, we cannot rely on the CDC to keep us safe either. According to senior CDC research scientist turned whistleblower Dr. William Thompson, in the early 2000s his CDC research team found a strong association between vaccines and autism; however, they changed the parameters of the study to get rid of the association so that they would not have to report it to the public, publishing the sanitized version of the data in 2004. In 2014, Dr. Thompson went public, admitting his part in manipulating the data and destroying the evidence in what can only be called scientific fraud. To date, despite incredible efforts by Congressman Bill Posey, Congress has not subpoenaed Dr. Thompson to testify, nor have legislators held hearings to investigate his claims of research fraud.<sup>28</sup>

The good news is that many unbiased scientists who are not beholden to government or vaccine manufacturers have studied the adverse effects of vaccination. Thanks to these brave

“Neuroglial activation and neuroinflammation in the brain of patients with autism.”<sup>29</sup> Pardo and his research team found that cytokines (small secreted proteins released by cells) are significantly increased in ASD patients. In layman’s terms, the immune system in the brains of autistic people is permanently inflamed. This finding was repeated in a study titled “Elevated immune response in the brain of autistic patients” published in 2009.<sup>30</sup>

Next came findings by Dr. Paul H. Patterson at the California Institute of Technology. Dr. Patterson was the first to demonstrate that immune activation events in the brain at critical times of development can lead to autism. He is well known for his work on what he termed “maternal immune activation” (MIA), finding that the mother’s immune system could alter the growth of cells in the fetal brain and lead to an increased risk of autism in the offspring. While it had been widely accepted that when a pregnant woman becomes sick with a bacterial or viral infection that activates the immune system it can affect the neurodevelopment of the fetus, Dr. Patterson was responsible for detecting similar effects through maternal vaccination. In his 2006 paper titled “Pregnancy, immunity, schizophrenia, and autism,” Dr. Patterson suggested that “universal vaccination of pregnant women could get us into a whole new set of problems.”<sup>31</sup> Both Dr. Pardo’s research and Dr. Patterson’s findings were significant because they showed that the very purpose of vaccines—to trigger immune activation events—is the same thing that can cause autism.

## THE ALUMINUM-AUTISM CONNECTION

In 2009, Dr. Chris Shaw of the University of British Columbia was the first person to test the aluminum used in vaccines. As Dr. Shaw explained in our film, *The Greater Good*, “We did the really simple experiment of taking the same stuff out of the vaccines, the aluminum hydroxide, and injecting it into mice, into the muscles, to see what would happen if we tried to mimic the vaccine schedule.”

And what were Dr. Shaw’s conclusions? “We were quite surprised to see how rapidly the behavioral symptoms emerged. They showed not only behavioral deficits of motor neuron function, but they ultimately showed cognitive deficits as well. Once we sacrificed the animals

children contain aluminum. These include the hepatitis A, hepatitis B, DTaP or Tdap, Hib, PCV and human papillomavirus (HPV) vaccines. Today's fully vaccinated baby will receive almost five thousand micrograms of aluminum by eighteen months of age,<sup>32</sup> whereas a fully vaccinated child in the mid-1980s would have received just over one thousand. And what does aluminum do? It provokes an immune response. Its sole purpose is to hyperstimulate the immune system, which as we have learned can trigger immune activation events in the brain.

In 2013, French scientists Drs. Romain Gherardi and Josette Cadusseau from the University Paris-Est discovered that aluminum in vaccines could be carried to the brain by macrophages (immune system cells that are formed in response to infection). They reported this finding in a 2013 study describing "slow...translocation of biopersistent particles from muscle to brain."<sup>33</sup> In 2015, these scientists further elaborated on how the aluminum adjuvants in vaccines biopersist, making their way to and slowly accumulating in the brain.<sup>34</sup> Another study published by Dr. Gherardi and colleagues in 2017 reported that low, consistent doses of aluminum adjuvant were more neurotoxic than a single large dose.<sup>35</sup> This is alarming given that children receive aluminum in vaccines in seemingly "low" and constant doses.

In 2017, Dr. Christopher Exley of Keele University in England found aluminum in the brains of autistic people at some of the highest levels ever recorded.<sup>36</sup> He confirmed what the French scientists had discovered, namely that macrophages escort injected aluminum to the brain. (See my previous article on aluminum in vaccines for more on this subject.<sup>37</sup>)

With so much science pointing to aluminum as a main culprit, why do so many parents blame the MMR vaccine for their children's autism? After all, MMR does not contain aluminum. Recent science suggests that the MMR vaccine—which is typically given between fifteen and eighteen months of age (around the same time many children begin to regress into autism)—is helping to collect aluminum in the body from previous vaccines and deliver it to the brain. Because the MMR vaccine contains live viruses, which provoke a strong immune response, scientists reason that MMR is summoning macrophages, which in turn transport aluminum to



and autism. Therefore, it is time for journalists to stop lying to the public by repeating the tired and inaccurate mantra, “the science is settled.” Instead, journalists should investigate before they report and stop pandering to their advertisers.

It is also time for the U.S. government to protect our children instead of protecting the interests of wealthy pharmaceutical company shareholders. Because vaccines are recommended and sold without proper safety testing, nothing short of a complete moratorium on vaccines is warranted at this time. With this vaccine mandates need to come an end. Moreover, Congress needs to overturn the 1986 National Childhood Vaccine Injury Act that indemnifies vaccine manufacturers, and instead make companies legally liable and financially responsible when vaccines injure and kill. These are the things that mainstream media and our government must do if we are to end the autism epidemic.

There are also things that need to be done within the vaccine-awareness community. We must not be afraid of being called as “anti-vaccine.” In fact, we should wear this slur like a badge of honor because when the cards fall, we will be standing on the right side of history. Next, we must fight for complete protection of our children and vow not to settle for half measures in our attempt to end the autism epidemic. As my colleague Laura Hayes from *Age of Autism* says, “There are some things we cannot be moderate about, and the poisoning and subsequent destruction of our children, and ultimately, our nation is one of them.”

We cannot afford to waste time calling for things like “greening” our vaccines, limiting the number of vaccines given to children, spacing out vaccines, pre-screening for susceptibility and asking for more studies. There are many reasons Band-Aids like these will not fix the autism epidemic. First of all, there is no such thing as a “green” vaccine. Vaccines have toxic ingredients in them for a reason. Manufacturers use mercury as a preservative and aluminum to stimulate an immune response. They also manufacture vaccines using a whole host of other revolting ingredients, including live versions of the diseases you do not want, polysorbate 80, formaldehyde, sorbitol, 2-phenoxyethanol, MSG, cells from aborted fetuses, monkey kidney cells, mouse brain cells, bovine cow serum and much more—some of which

something new.

Second, simply reducing the number of vaccines given to children helps only to reduce the chance of injury. Because all vaccines carry the potential to cause grave harm and premature death, it is not safe to administer even one vaccine. It is also wise to remember that the whole reason we have the National Childhood Vaccine Injury Act is because the vaccine schedule of the late 1970s and early 1980s was already unsafe. Vaccines catastrophically injured many children, and when their parents sued the vaccine makers (who were still liable for vaccine injuries at the time), companies had to pay out millions to the families. The vaccine makers begged Congress for protection, and they got it. Going back to those days might reduce vaccine injury, but it clearly wouldn't end it.

Third, spacing out vaccines does not make sense either. The notion that there is a spread out or delayed or "friendly" schedule that is "safe" for children to receive is nothing other than personal opinion. Vaccines can harm any person, at any age.

Fourth, all vaccines carry risk, as evidenced by the package inserts, and no one knows in advance who will be harmed. While it may be true that some children could be identified as having a mitochondrial disorder or something else that would put them at greater risk, there really is no such thing as pre-screening all children for vaccine injury. However, wouldn't the medical establishment love it if there were? They could then charge parents to have their children tested. It is crazy to think that it is acceptable to vaccinate healthy individuals with the health-and-development-destroying ingredients in vaccines. Injecting mercury, aluminum, formaldehyde and so on is never safe or health-promoting. No one can prove that every vaccine does zero damage in every recipient, so why would we want to prevent only the most susceptible children from being vaccinated?

Finally, the notion that more studies are needed is not an answer. As Hayes so brilliantly puts it, "News flash...the needed studies needed to be done *before* any vaccine was ever approved or recommended. We have time to wait for more vaccine 'safety studies' like those on the

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[cmstemplates/nvic/pdf/downloads/1983-2017-vaccine-schedules.pdf](https://www.nvic.org/cmstemplates/nvic/pdf/downloads/1983-2017-vaccine-schedules.pdf) (<https://www.nvic.org/cmstemplates/nvic/pdf/downloads/1983-2017-vaccine-schedules.pdf>).

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## About Kendall Nelson

Kendall Nelson is a documentary filmmaker actively engaged in directing, producing and distributing media that matter. With over twenty years of television and film experience, Nelson's lifelong commitment is to bring about awareness through her work, including advocating health freedom, simple living and real food. She is a Idaho chapter board member of the International Women's Forum.

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